

FOR HONOR FLIGHT USE ONLY: Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Flight Taken \_\_\_\_/\_\_\_\_/\_\_\_\_



## Eastern Iowa Honor Flight

P.O. Box 10704, Cedar Rapids, Iowa 52410

Phone: (855) 344-3435 Ext 1 | [eihf.veteran@gmail.com](mailto:eihf.veteran@gmail.com) | <http://eihonorflight.org>

# VETERAN APPLICATION

***ALL information must be filled in prior to submission. The information requested will not limit your ability to attend; it is required so that we may provide you with a safe and memorable experience.***

Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Top priority is given to WW II, Korean, and Vietnam as well as terminally ill veterans from all wars. Please consider this trip a small token of appreciation for what you and your comrades have given to us. Thank you from all of us at Honor Flight.

### VETERAN INFORMATION

Name (as it appears on your I.D.): \_\_\_\_\_  
Last First Middle

Nickname (if different from above): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing address: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Conflicts during your service (check all that apply): \_\_\_\_\_ Dates of service: 19\_\_\_\_ - 19\_\_\_\_

WW II  Korean  Vietnam  Others (specify): \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Have you traveled on an Honor Flight before? \_\_\_\_ Yes \_\_\_\_ No

Veterans Shirt Size (circle one): S M L XL 2XL 3XL 4XL other \_\_\_\_\_

Mobility Level (Select one):

- 0-No Mobility will use a wheelchair the entire trip. Assistance transferring to seat. No stairs.
- 1-Limited Mobility will use a wheelchair the entire trip. May need assist moving to seat. No stairs
- 2-Fair Mobility will need wheelchair for longer walks. May need assistance with stairs.
- 3 -Moderate Mobility might need a wheelchair for longer walks. No assistance need with stairs.
- 4 -Good Mobility will not need physical assistance or wheelchair.

Do you use mobility equipment such as cane, walker, wheelchair, or scooter? \_\_\_\_ Yes \_\_\_\_ No

Do you use oxygen at any time? \_\_\_\_ Yes \_\_\_\_ No

List any additional health concerns you would like us to be aware of

---

Are you requesting to travel with another veteran(s), if possible? If yes, please list the veteran(s) full name.  
Ask the other veteran to fill out a veteran(s) application.

---

FOR HONOR FLIGHT USE ONLY: Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Flight Taken \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ALTERNATE CONTACT NOT LIVING WITH YOU (Son, daughter, friend, etc.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REQUESTED GUARDIAN: (*The veterans spouse or significant other is not eligible to be a guardian*)**

EVERY veteran will be assigned a guardian. You may request a family member or friend to travel with you as your guardian. If no guardian is requested, Honor Flight will assign a guardian to you from the many volunteers who would be honored to spend the day with you. If requesting a specific guardian, please ask them to fill out a guardian application by going to <http://www.eihonorflight.org>. You will have another opportunity to select your own guardian when you receive a flight invitation.

Check one: \_\_\_\_\_ No, please assign me a guardian

\_\_\_\_\_ Yes, I wish to have the following guardian travel with me (fill out data below)

Guardians Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to Veteran: \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Applications can be sent to the address below.

**EASTERN IOWA HONOR FLIGHT**  
P.O. Box 10704, Cedar Rapids, Iowa 52410  
Phone: (855) 344-3435 Ext 1